Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF CALIFORNIA	_	
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	Check if this is an amended filing

## Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: **Identify Yourself** About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Your full name Write the name that is on John Maria your government-issued First name First name picture identification (for example, your driver's **Daniel** Victoria license or passport). Middle name Middle name Bring your picture Thurrell Gonzales identification to your Last name and Suffix (Sr., Jr., II, III) Last name and Suffix (Sr., Jr., II, III) meeting with the trustee. All other names you have **Maria Victoria Thurrell** used in the last 8 years Victoria B Gonzales Include your married or maiden names. Only the last 4 digits of your Social Security number or federal xxx-xx-1035 xxx-xx-3424 **Individual Taxpayer** Identification number (ITIN)

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		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and	■ I have not used any business name or EINs.  Business name(s)	■ I have not used any business name or EINs.  Business name(s)
	doing business as names		2337033 7(0)
		EINs	EINs
5.	Where you live	1534 Cobb Street San Mateo, CA 94401	If Debtor 2 lives at a different address:
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		San Mateo	
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	<ul> <li>Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.</li> </ul>
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

	otor 1 John Daniel Thurr otor 2 Maria Victoria Gor				_	Case r	number (if known)	
Par	t 2: Tell the Court About	Your Bank	cruptcy Ca	ase				
7.	The chapter of the Bankruptcy Code you are			orief description of each, see I go to the top of page 1 and c			C. § 342(b) for Individu	uals Filing for Bankruptcy
	choosing to file under	☐ Chap	ter 7					
		☐ Chap	ter 11					
		☐ Chap	ter 12					
		■ Chap	ter 13					
8.	How you will pay the fee	abo ord a p	out how yo der. If your ore-printed eed to pay	e entire fee when I file my pe ou may pay. Typically, if you a attorney is submitting your pa address. If the fee in installments. If your in Installments (Official Form	re paying ayment or ou choos	the fee yourself, n your behalf, you	you may pay with cash r attorney may pay with	n, cashier's check, or money in a credit card or check with
		☐ I re but app	equest that t is not req plies to you	at my fee be waived (You ma uired to, waive your fee, and r ur family size and you are una on to Have the Chapter 7 Filin	y request may do so able to pa	o only if your incom y the fee in install	me is less than 150% oments). If you choose	of the official poverty line that this option, you must fill out
9.	Have you filed for bankruptcy within the	□ No.						
	last 8 years?	Yes.						
			District	N.D. Cal. (San Francisco Division)	When	11/17/14	Case number	14-31665
			District	N.D. Cal. (San Francisco Division)	When	1/08/14	Case number	14-30024
			District	See Attachment	_ When		Case number	
10.	Are any bankruptcy	■ No						
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.						
			Debtor				Relationship to y	/ou
			District		_ When		Case number, if	known
			Debtor				Relationship to y	/ou
			District		_ When		Case number, if	known
11.	Do you rent your residence?	■ No.	Go to I	ine 12.				
	. John Children	☐ Yes.	Has yo	our landlord obtained an evicti	on judgm	ent against you?		
				No. Go to line 12.				
				Yes. Fill out <i>Initial Statement</i> this bankruptcy petition.	t About ai	n Eviction Judgme	ent Against You (Form	101A) and file it as part of

	otor 1 John Daniel Thurr otor 2 Maria Victoria Gor			Case number (if known)		
Par	t3: Report About Any Bu	sinesses	You Own as a Sole Proprie	etor		
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Part 4.			
		☐ Yes.	Name and location of bu	siness		
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any			
	If you have more than one sole proprietorship, use a separate sheet and attach		Number, Street, City, Sta			
	it to this petition.			ox to describe your business: iness (as defined in 11 U.S.C. § 101(27A))		
			_	al Estate (as defined in 11 U.S.C. § 101(27A))		
				defined in 11 U.S.C. § 101(53A))		
			_ `	er (as defined in 11 U.S.C. § 101(6))		
			☐ None of the abov	· · · · · · · · · · · · · · · · · · ·		
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines operation	ou are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate dlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of rations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure 1 U.S.C. 1116(1)(B).			
	For a definition of small	■ No.	I am not filing under Cha	pter 11.		
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter Code.	r 11, but I am NOT a small business debtor according to the definition in the Bankruptcy		
		☐ Yes.	I am filing under Chapter	r 11 and I am a small business debtor according to the definition in the Bankruptcy Code.		
Par	t 4: Report if You Own or	Have Any	Hazardous Property or A	ny Property That Needs Immediate Attention		
14.	Do you own or have any	■ No.				
	property that poses or is alleged to pose a threat	☐ Yes.				
	of imminent and identifiable hazard to	<b>—</b> 100.	What is the hazard?			
	public health or safety?					
	Or do you own any property that needs immediate attention?		If immediate attention is needed, why is it needed?			
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?			
				Number, Street, City, State & Zip Code		

Debtor 1 John Daniel Thurrell
Debtor 2 Maria Victoria Gonzales

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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	otor 1 John Daniel Thurr Maria Victoria Goi				Case numbe	「 (if known)	
Par	t 6: Answer These Questi	ions for R	Reporting Purposes				
16.	What kind of debts do you have?	16a.	individual primarily for a pers			ned in 11 U.S.C. § 101(8) as "incurred by an	
			☐ No. Go to line 16b.				
		4.01	Yes. Go to line 17.	andreas debies 0.00 de			
		16b.	Are your debts primarily b money for a business or inve				
			☐ No. Go to line 16c.				
			☐ Yes. Go to line 17.				
		16c.	State the type of debts you o	owe that are not consum	ner debts or busines	s debts	
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapte	r 7. Go to line 18.			
	Do you estimate that after any exempt property is excluded and	☐ Yes.	I am filing under Chapter 7. are paid that funds will be a			erty is excluded and administrative expense	
	administrative expenses		□ No				
	are paid that funds will be available for distribution to unsecured creditors?		☐ Yes				
18.	How many Creditors do you estimate that you	<b>1</b> -49		<u> </u>		<u>25,001-50,000</u>	
	owe?	☐ 50-99		□ 5001-10,000 □ 10,001-25,00		☐ 50,001-100,000 ☐ More than100,000	
		☐ 100-1 ☐ 200-9		<b>—</b> 10,001-25,00	50	☐ More than 100,000	
19.	How much do you \$0 -		\$50,000	□ \$1,000,001 -	\$10 million	☐ \$500,000,001 - \$1 billion	
	estimate your assets to be worth?		001 - \$100,000	\$10,000,001		□ \$1,000,000,001 - \$10 billion	
			,001 - \$500,000 ,001 - \$1 million	□ \$50,000,001 □ \$100,000,00		☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion	
20.	How much do you	□ \$0 - \$	\$50,000	<b>\$</b> 1,000,001 -	\$10 million	☐ \$500,000,001 - \$1 billion	
	estimate your liabilities to be?		001 - \$100,000 ,001 - \$500,000	\$10,000,001	•	□ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion	
			,001 - \$500,000 ,001 - \$1 million	□ \$50,000,001 □ \$100,000,00		☐ \$10,000,000 - \$50 billion	
Par	t7: Sign Below						
For	you	I have ex	xamined this petition, and I de	clare under penalty of p	erjury that the inforn	nation provided is true and correct.	
						under Chapter 7, 11,12, or 13 of title 11, oose to proceed under Chapter 7.	
				oresents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this e obtained and read the notice required by 11 U.S.C. § 342(b).			
		I reques	t relief in accordance with the	chapter of title 11, Unite	ed States Code, spec	cified in this petition.	
			tcy case can result in fines up			r property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519	
		/s/ Joh	n Daniel Thurrell		/s/ Maria Victoria		
			aniel Thurrell e of Debtor 1		Maria Victoria G Signature of Debtor		

John Daniel Thurrell Maria Victoria Gonzales	Case number (if known)	

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Brent D. Meyer	Date	November 11, 2019	
Signature of Attorney for Debtor		MM / DD / YYYY	
Brent D. Meyer			
Printed name			
Meyer Law Group LLP			
Firm name			
268 Bush Street #3639			
San Francisco, CA 94104			
Number, Street, City, State & ZIP Code			
Contact phone (415) 765-1588	Email address	brent@meyerllp.com	
266152 CA			
Bar number & State		<del></del>	

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Debtor 1 John Daniel Thurrell
Debtor 2 Maria Victoria Gonzales

Case number (if known)

Debtor 1         John Daniel Thurrell           First Name         Middle Name         Last Name           Debtor 2         Maria Victoria Gonzales           (Spouse if, filing)         First Name         Middle Name         Last Name	
Debtor 2 Maria Victoria Gonzales	
(Spouse if, filing) First Name Middle Name Last Name	
United States Bankruptcy Court for the: NORTHERN DISTRICT OF CALIFORNIA	
Case number(if known)	

☐ Check if this is an amended filing

### FORM 101. VOLUNTARY PETITION

## **Prior Bankruptcy Cases Filed Attachment**

District	Case Number	Date Filed
N.D. Cal. (San Francisco Division)	14-31665	11/17/14
N.D. Cal. (San Francisco Division)	14-30024	1/08/14
N.D. Cal. (San Francisco Division)	12-32289	8/02/12

Case: 19-31183 Doc# 1 Filed: 11/12/19 Entered: 11/12/19 14:04:07 Page 8 of 59 Voluntary Petition for Individuals Filing for Bankruptcy

Fill in this inform	mation to identify your	case:		
Debtor 1	John Daniel Thur	rell		
	First Name	Middle Name	Last Name	
Debtor 2	Maria Victoria Go	nzales		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	inkruptcy Court for the:	NORTHERN DISTRICT	OF CALIFORNIA	
Case number				
(if known)				Check if this is an
				amended filing

## Official Form 106Sum

# Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

			assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	865,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	37,664.15
	1c. Copy line 63, Total of all property on Schedule A/B	\$	902,664.15
Pai	t 2: Summarize Your Liabilities		
			liabilities unt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	832,080.80
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	2,323.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	243,946.59
	Your total liabilities	\$	1,078,350.39
Pai	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	9,219.39
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,974.24
Pai	t 4: Answer These Questions for Administrative and Statistical Records		
3.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other s	chedules.
	■ Yes		

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

page 1 of 2

Best Case Bankruptcy Case: 19-31183 Doc# 1 Filed: 11/12/19 Entered: 11/12/19 14:04:07 Page 9 of 59

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

11,940.11

\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on <i>Schedule E/F</i> , copy the following:	Total	claim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	2,323.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	99,252.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	101,575.00

ーしい	tor 1	John Daniel Thurrell			
		First Name	Middle Name Last Name		
	_	Maria Victoria Gonzalo First Name	S Middle Name Last Name		
	. 0,				
ınıt	ed States Bankru	uptcy Court for the: NOR	THERN DISTRICT OF CALIFORNIA		
Cas	e number				☐ Check if this is a amended filing
_	icial Form	<del></del>			
<b>C</b>	neaule	A/B: Propert	ty .		12/15
	No. Go to Part 2. Yes. Where is the	property?			
.1	1534 Cobb St	troot	What is the property? Check all that apply		
.1	1534 Cobb St Street address, if ava	treet ailable, or other description	Single-family home		claims or exemptions. Put red claims on Schedule D:
.1				the amount of any secur	
.1	Street address, if ava	ailable, or other description	Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home	the amount of any secur Creditors Who Have Cla	red claims on Schedule D: aims Secured by Property.  Current value of the
.1	Street address, if ava	ca 94401-0	Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home  Land	the amount of any secur Creditors Who Have Cla Current value of the entire property?	red claims on Schedule D: aims Secured by Property.  Current value of the portion you own?
.1	Street address, if ava	ailable, or other description	Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home  Land	the amount of any secur Creditors Who Have Cla Current value of the entire property? \$865,000.00	ced claims on Schedule D: aims Secured by Property.  Current value of the portion you own?  \$865,000.0
.1	Street address, if ava	ca 94401-0	Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home  Land  Investment property  Timeshare  Other	the amount of any secur Creditors Who Have Cla  Current value of the entire property? \$865,000.00  Describe the nature of (such as fee simple, te	ced claims on Schedule D: aims Secured by Property.  Current value of the portion you own? \$865,000.0  your ownership interest enancy by the entireties, of
.1	Street address, if ava	ca 94401-0	Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home  Land  Investment property  Timeshare  Other  Who has an interest in the property? Check one	the amount of any secur Creditors Who Have Cla  Current value of the entire property? \$865,000.00  Describe the nature of	ced claims on Schedule D: aims Secured by Property.  Current value of the portion you own? \$865,000.0  your ownership interest enancy by the entireties, of
.1	Street address, if ava	ca 94401-0	Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home  Land  Investment property  Timeshare  Other  Who has an interest in the property? Check one	the amount of any secur Creditors Who Have Cla  Current value of the entire property? \$865,000.00  Describe the nature of (such as fee simple, te a life estate), if known.	ced claims on Schedule D: aims Secured by Property.  Current value of the portion you own? \$865,000.0  your ownership interest enancy by the entireties, of
.1	Street address, if ava	ca 94401-0	Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home  Land  Investment property  Timeshare  Other  Who has an interest in the property? Check one  Debtor 1 only	the amount of any secur Creditors Who Have Cla  Current value of the entire property? \$865,000.00  Describe the nature of (such as fee simple, te a life estate), if known.  Fee simple	Current value of the portion you own? \$865,000.0  your ownership interest nancy by the entireties, c
1.1	San Mateo City San Mateo	ca 94401-0	Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only Debtor 2 only	the amount of any secur Creditors Who Have Classifications.  Current value of the entire property? \$865,000.00  Describe the nature of (such as fee simple, te a life estate), if known.  Fee simple  Check if this is co (see instructions)	Current value of the portion you own? \$865,000  your ownership intervinancy by the entiretie

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1 Case: 19-31183 Doc# 1 Filed: 11/12/19 Entered: 11/12/19 14:04:07 Page 11 of 59

Debte Debte		ohn Daniel Iaria Victori			Case number (if kn	own)	
. Ca	rs, vans,	trucks, tract	ors, sport utility ve	hicles, motorcycles			
	No						
<b>—</b>	Yes						
3.1	Make:	BMW		Who has an interest in the property? Check one	the amount of	of any secured	nims or exemptions. Put d claims on Schedule D:
	Model: Year:	328i 2015		☐ Debtor 1 only	Creditors Wi	no Have Clain	ns Secured by Property.
			23,734	Debtor 2 only	Current valu		Current value of the
	• • •	mate mileage: formation:		<ul><li>■ Debtor 1 and Debtor 2 only</li><li>□ At least one of the debtors and another</li></ul>	entire prope	erty r	portion you own?
			ge condition	At least one of the debtors and another			
				■ Check if this is community property (see instructions)	<u></u>	3,500.00	\$18,500.00
3.2	Make:	Acura		Who has an interest in the property? Check one			nims or exemptions. Put
	Model:	MDX		Debtor 1 only		,	ns Secured by Property.
	Year:	2012	404.005	Debtor 2 only	Current value	ue of the	Current value of the
		nate mileage:	101,238	Debtor 1 and Debtor 2 only	entire prope	erty?	portion you own?
		formation:		At least one of the debtors and another			
	venici	e is in fair c	ondition	■ Check if this is community property (see instructions)	\$10	),275.00	\$10,275.00
3.3	Make:	Nissan		Who has an interest in the property? Check one			nims or exemptions. Put
	Model:	Maximima	a	☐ Debtor 1 only			d claims on Schedule D: ns Secured by Property.
	Year:	2000		Debtor 2 only	Current valu	up of the	Current value of the
	Approxir	mate mileage:	185,485	■ Debtor 1 and Debtor 2 only	entire prope		portion you own?
	Other inf	formation:		☐ At least one of the debtors and another			
	Vehicle	e is in poor	condition	Check if this is community property (see instructions)		\$750.00	\$750.00
Exa ■	amples: B			d other recreational vehicles, other vehicles itercraft, fishing vessels, snowmobiles, motorcyc			
				rn for all of your entries from Part 2, including that number here		:>	\$29,525.00
Pa <u>rt 3</u>	Descri	be Your Persor	nal and Household Ite	ems			
·		·		terest in any of the following items?		<b>p</b>	Current value of the cortion you own? On not deduct secured laims or exemptions.
E>	<i>(amples:</i> No		urnishings ces, furniture, linens	, china, kitchenware			
	Yes. De	scribe					
			chairs, entertain	natresses, and box springs, kitchen tab nment center, coffee table, 2 side tables stands, desk with chair, and miscellane	s, couch,		<b>*</b> - <b>*</b> - <b>*</b> - <b>*</b> - <b>*</b> - <b>*</b>
			household good	ds and furnishings.			\$1,000.0

Official Form 106A/B Schedule A/B: Property page 2

Debtor Debtor		f known)
	mples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; including cell phones, cameras, media players, games	music collections; electronic devices
■ Y	es. Describe	
	2 cell phones, computer and monitor, laptop, 2 televisions, kitchen appliances, and miscellaneous electronics.	\$600.00
Exa		np, coin, or baseball card collections;
9. <b>Equi</b>	es. Describe  pment for sports and hobbies  mples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; musical instruments  o	canoes and kayaks; carpentry tools;
<b>■</b> Y	es. Describe	<b>*</b> 400.00
	Miscellaneous sports and hobby equipment.	\$100.00
■ N □ Y 11. <b>Clo</b> Ex □ N	amples: Pistols, rifles, shotguns, ammunition, and related equipment o es. Describe  thes amples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories o es. Describe	
	Jackets, pants, dresses, shirts, children's clothings, shoes, accessories, and miscellaneous clothes and wearing apparel.	\$750.00
$\square$ N	amples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches,	gems, gold, silver
	and miscellaneous jewelry	\$1,800.00
Ex ■ N □ Y 14. <b>Any</b>	es. Describe v other personal and household items you did not already list, including any health aids you did no	ot list
	dd the dollar value of all of your entries from Part 3, including any entries for pages you have attac r Part 3. Write that number here	hed \$4,250.00

Part 4: Describe Your Financial Assets

Official Form 106A/B Schedule A/B: Property page 3

Debtor 1 John Dani Debtor 2 Maria Vict			Case number (if known)	
Do you own or have an	y legal or e	quitable interest in	por Do	rent value of the tion you own? not deduct secured ms or exemptions.
□ No		-	ome, in a safe deposit box, and on hand when you file your petition	
			Cash	\$300.00
institution			punts; certificates of deposit; shares in credit unions, brokerage houses, as with the same institution, list each.	nd other similar
□ No ■ Yes			Institution name:	
	17.1.	Checking	Patelco Credit Union Free Checking - 10	\$3,069.6°
	17.2.	Savings	Patelco Credit Union Regular Savings Account - 00	\$429.4
	17.3.	Checking	Chase Bank, N.A. Account No. XXXXXXXX9644	\$90.1
joint venture ■ No □ Yes. Give specific			orated and unincorporated businesses, including an interest in an Ll	o, particising, an
		me of entity:	% of ownership:	
Negotiable instrumer	nts include p	ersonal checks, cas	otiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. ansfer to someone by signing or delivering them.	
☐ Yes. Give specific i		about them uer name:		
21. <b>Retirement or pensi</b> Examples: Interests i  No			103(b), thrift savings accounts, or other pension or profit-sharing plans	
Yes. List each acco	•	ely. of account:	Institution name:	
	Pens	ion	California Public Employees Retirement System (CalPERS) (ERISA Qalified, Not Property of the Estate Listed for Informational Purposes Only)	Unknow
	sed deposit	s you have made so	that you may continue service or use from a company public utilities (electric, gas, water), telecommunications companies, or ot	hers
■ No □ Yes			Institution name or individual:	
Official Form 106A/B			Schedule A/B: Property	page

D	ebtor 2	Maria Vic	toria Gonzales		Case number (if	known)
23.	Annuiti	i <b>es</b> (A contrad	ct for a periodic payment of mone	y to you, either for life or fo	or a number of years)	
	■ No	`			• ,	
	☐ Yes		Issuer name and description.			
24			ation IRA, in an account in a qu 1), 529A(b), and 529(b)(1).	ıalified ABLE program, o	r under a qualified state tuit	tion program.
	Yes		Institution name and description	. Separately file the record	ls of any interests.11 U.S.C. §	521(c):
25.	Trusts, ■ No	equitable or	r future interests in property (or	her than anything listed	in line 1), and rights or pow	ers exercisable for your benefit
	_	Give specific	information about them			
26.			s, trademarks, trade secrets, an domain names, websites, proceed			
		Give specific	information about them			
27.			es, and other general intangible permits, exclusive licenses, coop		s, liquor licenses, professiona	al licenses
		Give specific	information about them			
M	oney or p	oroperty owe	ed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	_	unds owed t	to you			
	■ No □ Yes.	Give specific	information about them, including	whether you already filed	the returns and the tax years	
29.	■ No	oles: Past due	e or lump sum alimony, spousal su	upport, child support, main	tenance, divorce settlement, p	property settlement
30.	Examp  ■ No	oles: Unpaid v benefits;	neone owes you vages, disability insurance payme c unpaid loans you made to some	ents, disability benefits, sictone else	k pay, vacation pay, workers'	compensation, Social Security
31.	Interes	ts in insuran		savings account (HSA); cr	edit, homeowner's, or renter's	insurance
	■ No					
	⊔ Yes. I	Name the ins	urance company of each policy a Company name:	nd list its value.	Beneficiary:	Surrender or refund value:
32.	If you a		perty that is due you from some iciary of a living trust, expect proc		policy, or are currently entitle	d to receive property because
		Give specific	information			
33.			d parties, whether or not you has, employment disputes, insurance		de a demand for payment	
	☐ Yes.	Describe ead	ch claim			
Off	icial Forn	n 106A/B		Schedule A/B: Property		page 5

John Daniel Thurrell

Debtor 1

Debto Debto			Case number (if known)	
			_	
_	her contingent and unliquidated claims of every nature, incl	uding counterclaims of	of the debtor and rights to set	off claims
□ .	No /es. Describe each claim			
_				
35. An	y financial assets you did not already list			
	es. Give specific information			
00.				
	dd the dollar value of all of your entries from Part 4, includii or Part 4. Write that number here	0 ,	,	\$3,889.15
	-			
Part 5:	Describe Any Business-Related Property You Own or Have an Inte	rest In. List any real esta	te in Part 1.	
_	you own or have any legal or equitable interest in any business-relat	ted property?		
_	o. Go to Part 6.			
LI Y	es. Go to line 38.			
Part 6:	Describe Any Farm- and Commercial Fishing-Related Property You If you own or have an interest in farmland, list it in Part 1.	u Own or Have an Interes	t In.	
46 <b>D</b> o	you own or have any legal or equitable interest in any farm	- or commercial fishin	a-related property?	
	No. Go to Part 7.	- or commercial rishin	g-related property:	
_	Yes. Go to line 47.			
	7103. Go to line 47.			
Part 7:	Describe All Property You Own or Have an Interest in That Yo	u Did Not List Above		
53 Do	you have other property of any kind you did not already list	12		
	camples: Season tickets, country club membership			
<b>=</b> 1				
ο,	es. Give specific information			
54. <b>A</b>	dd the dollar value of all of your entries from Part 7. Write th	nat number here		\$0.00
	ŕ			
Part 8:	List the Totals of Each Part of this Form			
55. <b>P</b>	art 1: Total real estate, line 2			\$865,000.00
56. <b>P</b>	art 2: Total vehicles, line 5	\$29,525.00		, <b>,</b>
57. <b>P</b>	art 3: Total personal and household items, line 15	\$4,250.00		
	art 4: Total financial assets, line 36	\$3,889.15		
	art 5: Total business-related property, line 45	\$0.00		
	art 6: Total farm- and fishing-related property, line 52	\$0.00		
	art 7: Total other property not listed, line 54	\$0.00		
62. <b>T</b>	otal personal property. Add lines 56 through 61	\$37,664.15	Copy personal property total	\$37,664.15
63. <b>T</b>	otal of all property on Schedule A/B. Add line 55 + line 62			\$902,664.15
			_	,

Official Form 106A/B Schedule A/B: Property page 6

Fill in this information to identify your case:								
Debtor 1								
	First Name	Middle Name	Last Name					
Debtor 2	Maria Victoria Go	nzales						
(Spouse if, filing)	First Name	Middle Name	Last Name					
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF CALIFORNIA					
Case number _								
(if known)					☐ Check if this is an			
					amended filing			

## Official Form 106C

# Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Pa	rt 1: Identify the Property You Claim as E	xempt								
1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.									
	■ You are claiming state and federal nonban	kruptcy exemptions.	11 U.S	S.C. § 522(b)(3)						
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)										
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.									
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption					
		Copy the value from Schedule A/B	Check only one box for each exemption.							
	1534 Cobb Street San Mateo, CA 94401 San Mateo County	\$865,000.00		\$73,739.20	C.C.P. § 704.730					
	Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit						
	2000 Nissan Maximima 185,485 miles Vehicle is in poor condition	\$750.00		\$750.00	C.C.P. § 704.010					
	Line from Schedule A/B: 3.3		100% of fair market value, up to any applicable statutory limit							
	3 bed frames, matresses, and box	\$1,000.00		\$1,000.00	C.C.P. § 704.020					
	springs, kitchen table and chairs, entertainment center, coffee table, 2 side tables, couch, recliner, 2 nighstands, desk with chair, and miscellaneous household goods and			100% of fair market value, up to any applicable statutory limit						

Official Form 106C Schedul

2 cell phones, computer and monitor,

furnishings.

electronics.

Line from Schedule A/B: 6.1

Line from Schedule A/B: 7.1

laptop, 2 televisions, kitchen appliances, and miscellaneous

Schedule C: The Property You Claim as Exempt

\$600.00

C.C.P. § 704.020

\$600.00

100% of fair market value, up to

any applicable statutory limit

John Daniel Thurrell Debtor 1 Debtor 2 Maria Victoria Gonzales Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Jackets, pants, dresses, shirts, C.C.P. § 704.020 \$750.00 \$750.00 children's clothings, shoes, accessories, and miscellaneous 100% of fair market value, up to clothes and wearing apparel. any applicable statutory limit Line from Schedule A/B: 11.1 Wedding ring, 2 wedding bands, C.C.P. § 704.040 \$1,800.00 \$1,800.00 Apple watch, earrings, necklaces, and miscellaneous jewelry 100% of fair market value, up to Line from Schedule A/B: 12.1 any applicable statutory limit Pension: California Public C.C.P. § 704.110 Unknown **Employees Retirement System** (CalPERS) 100% of fair market value, up to (ERISA Qalified, Not Property of the any applicable statutory limit **Estate -- Listed for Informational Purposes Only)** Line from Schedule A/B: 21.1 3. Are you claiming a homestead exemption of more than \$170,350? (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No

Official Form 106C

Yes

Schedule C: The Property You Claim as Exempt

Fill	in this informati	on to identify you	r case:			
Deb	tor 1	John Daniel Thu	rrell			
		First Name	Middle Name Last Name			
Deb	tor 2	Maria Victoria G	onzales			
(Spot	use if, filing)	First Name	Middle Name Last Name			
Unit	ed States Bankru	uptcy Court for the:	NORTHERN DISTRICT OF CALIFORNIA			
Cas	e number					
(if kno			<del></del>		☐ Check	if this is an
					amend	ded filing
Off:	icial Form 1	06D				
Sc	hedule D:	Creditors	Who Have Claims Secure	ed by Propert	У	12/15
is ne	eded, copy the Ad		f two married people are filing together, both are ut, number the entries, and attach it to this form.			
	oer (if known).					
		e claims secured by				
	■ No. Check this	s box and submit th	is form to the court with your other schedules.	You have nothing else t	o report on this form.	
	Yes. Fill in all	of the information b	pelow.			
Part	1: List All Se	ecured Claims				
2. Li	st all secured clair	ms. If a creditor has m	nore than one secured claim, list the creditor separate	Column A	Column B	Column C
for e	ach claim. If more	than one creditor has	a particular claim, list the other creditors in Part 2. As all order according to the creditor's name.		Value of collateral that supports this claim	Unsecured portion If any
2.1	BMW Financ	ial Services	Describe the property that secures the claim:	\$25.865.00	\$18,500.00	\$7,365.00
	Creditor's Name		2015 BMW 328i 23,734 miles		<u> </u>	<del></del>
			Vehicle is in average condition			
	P.O. Box 360	-	As of the date you file, the claim is: Check all that apply.			
	Dublin, OH 4	3016	☐ Contingent			
	Number, Street, City	, State & Zip Code	☐ Unliquidated			
			Disputed			
	o owes the debt?	Check one.	Nature of lien. Check all that apply.			
_	ebtor 1 only		An agreement you made (such as mortgage or s	secured		
_	Debtor 2 only		car loan)			
_	Debtor 1 and Debtor	•	Statutory lien (such as tax lien, mechanic's lien)			
	at least one of the d	ebtors and another	Judgment lien from a lawsuit			
	heck if this claim	relates to a	Other (including a right to offset)	Money Security		

2847

Last 4 digits of account number

Official Form 106D

community debt

Date debt was incurred 09/18

Opened:

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 3

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Debtor 1 John Daniel Thurrell		Ca	ase number (if known)		
First Name Middle N	ame Last Name	_			
Debtor 2 Maria Victoria Gonzales					
First Name Middle N	ame Last Name				
2.2 Capital One Auto Finance	Describe the property that secures	the claim:	\$14,955.00	\$10,275.00	\$4,680.00
Creditor's Name	2012 Acura MDX 101,238 m Vehicle is in fair condition	iles			
P.O. Box 30285 Salt Lake City, UT 84130	As of the date you file, the claim is: apply.  Contingent	Check all that			
Number, Street, City, State & Zip Code	☐ Unliquidated				
Who owes the debt? Check one.	☐ Disputed  Nature of lien. Check all that apply.				
☐ Debtor 1 only ☐ Debtor 2 only	An agreement you made (such as car loan)	mortgage or secu	ıred		
■ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, me	echanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit				
Check if this claim relates to a community debt	Other (including a right to offset)	Purchase M	oney Security		
Opened: Date debt was incurred 11/16	Last 4 digits of account num	nber 1001			
2.3 Internal Revnue Service	Describe the property that secures	the claim:	\$46,018.31	\$865,000.00	\$0.00
Creditor's Name	1534 Cobb Street San Mate 94401 San Mateo County a Debtors' Personal Property	nd all			
P.O. Box 7346 Philadelphia, PA 19101-7346	As of the date you file, the claim is: apply.  Contingent				
Number, Street, City, State & Zip Code	☐ Unliquidated				
Who owes the debt? Check one.	☐ Disputed  Nature of lien. Check all that apply.				
☐ Debtor 1 only ☐ Debtor 2 only	☐ An agreement you made (such as car loan)	mortgage or secu	ıred		
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, me	echanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit				
■ Check if this claim relates to a community debt	Other (including a right to offset)	Federal Tax	Lien		
2010, 2011, 2012, and Date debt was incurred 2013	Last 4 digits of account num	nber			

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 2 of 3

Page 20 of 59 

Debtor 1	John Dani	el Thurrell			Case number	(if known)			
	First Name	Middle N	Name Last Name	_		_			
Debtor 2	Maria Vict	oria Gonzales	S						
	First Name	Middle N	Name Last Name						
Wal	lls Fargo H	ome							
1/4	rtgage	onie	Describe the property that secure	s the claim:	\$745,2	42.49	\$865,000.00	\$0.00	
Credit	tor's Name		1534 Cobb Street San Mate	eo, CA	1				
			94401 San Mateo County						
103	C#2302-046 35 Moines, I <i>l</i>		As of the date you file, the claim is apply.	: Check all that	J				
	per, Street, City, S		Contingent						
Numb	ber, Street, City, S	itate & Zip Code	☐ Unliquidated ☐ Disputed						
Who owe	s the debt? C	heck one.	Nature of lien. Check all that apply.						
☐ Debtor	•		An agreement you made (such a car loan)	secured					
Debtor	1 and Debtor 2	only	☐ Statutory lien (such as tax lien, m	)					
☐ At least	one of the deb	tors and another	☐ Judgment lien from a lawsuit						
Check if this claim relates to a community debt		elates to a	Other (including a right to offset)	First Price	ority Deed of	Trust			
Date debt	was incurred	Opened: 4/28/05	Last 4 digits of account nu	mber <b>703</b> 8	8				
Add the	dollar value of	your entries in C	Column A on this page. Write that nu	mber here:		\$832,080.80			
	the last page	•	the dollar value totals from all page	S.		\$832,080.80			

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 3 of 3 Best Case Bankruptcy

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Fill	in this inforr	nation to identify your case:				
De	btor 1	John Daniel Thurrell				
		First Name Mid	dle Name Last Name			
_	btor 2	Maria Victoria Gonzales				
(Spo	ouse if, filing)	First Name Mid	dle Name Last Name			
Un	ited States Ba	nkruptcy Court for the: NORTH	ERN DISTRICT OF CALIFORNIA			
Ca	se number					
	nown)				☐ Check	if this is an
					amend	ed filing
<b>~</b> €	(: -: - I	- 400E/E				
	<u>ficial Forn</u>					4044=
<u>Sc</u>	hedule E	/F: Creditors Who Ha	ve Unsecured Claims			12/15
eft. nam	Attach the Con e and case nur	ntinuation Page to this page. If you hamber (if known).	operty. If more space is needed, copy the Part ave no information to report in a Part, do not f			
		II of Your PRIORITY Unsecured				
1.	_ ′	ors have priority unsecured claims a	gainst you?			
	No. Go to P	Part 2.				
	Yes.					
2.	identify what typossible, list the	pe of claim it is. If a claim has both prio	or has more than one priority unsecured claim, lis rity and nonpriority amounts, list that claim here a p to the creditor's name. If you have more than tw m, list the other creditors in Part 3.	nd show both priority a	nd nonpriority amount	ts. As much as
	(For an explana	ation of each type of claim, see the inst	ructions for this form in the instruction booklet.)			
				Total claim	Priority amount	Nonpriority amount
2.1	Franchi	ise Tax Board	Last 4 digits of account number	\$969.00	\$969.00	\$0.00
	,	editor's Name	When was the debt incurred?			
	P.O. Bo	ptcy Section, MS A-340	when was the debt incurred?			
		ento, CA 95812-2952				
	Number S	treet City State Zip Code	As of the date you file, the claim is: Check a	ll that apply		
	Who incurred	d the debt? Check one.	☐ Contingent			
	Debtor 1 c	only	☐ Unliquidated			
	Debtor 2 o	only	☐ Disputed			
	Debtor 1 a	and Debtor 2 only	Type of PRIORITY unsecured claim:			
	_	ne of the debtors and another	☐ Domestic support obligations			
	_	his claim is for a community debt	■ Taxes and certain other debts you owe the	government		
		subject to offset?	☐ Claims for death or personal injury while yo	· ·		

Official Form 106 E/F

Is the claim subject to offset?

■ No

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

 $\square$  Other. Specify

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Income Taxes (Form 540) for 2018

Debtor 2 Maria Victoria Gonzales	Case number (if known)	
2 Internal Revnue Service	Last 4 digits of account number \$1,354.00 \$1,3	54.00 \$0.00
Priority Creditor's Name P.O. Box 7346	When was the debt incurred?	
Philadelphia, PA 19101-7346	As of the later of the developing of the later of	
Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
_	Unliquidated	
☐ Debtor 2 only	☐ Disputed	
■ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:	
☐ At least one of the debtors and another	☐ Domestic support obligations	
■ Check if this claim is for a community debt	Taxes and certain other debts you owe the government	
Is the claim subject to offset?	$\square$ Claims for death or personal injury while you were intoxicated	
■ No	☐ Other. Specify	
☐Yes	2018 Income (Form 1040) Taxes	
Do any creditors have nonpriority unsecured claim  ☐ No. You have nothing to report in this part. Submit  ☐ Yes.	this form to the court with your other schedules.	
<ul> <li>☐ No. You have nothing to report in this part. Submit</li> <li>☐ Yes.</li> <li>List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c</li> </ul>		cluded in Part 1. If more
<ul> <li>☐ No. You have nothing to report in this part. Submit</li> <li>☐ Yes.</li> <li>List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other</li> </ul>	this form to the court with your other schedules.  e alphabetical order of the creditor who holds each claim. If a creditor has more the laim. For each claim listed, identify what type of claim it is. Do not list claims already in	cluded in Part 1. If more
<ul> <li>No. You have nothing to report in this part. Submit</li> <li>Yes.</li> <li>List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2.</li> </ul>	this form to the court with your other schedules.  e alphabetical order of the creditor who holds each claim. If a creditor has more the laim. For each claim listed, identify what type of claim it is. Do not list claims already in	ncluded in Part 1. If more e Continuation Page of
<ul> <li>No. You have nothing to report in this part. Submit</li> <li>Yes.</li> <li>List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2.</li> <li>American Medical Response         Nonpriority Creditor's Name     </li> </ul>	this form to the court with your other schedules.  e alphabetical order of the creditor who holds each claim. If a creditor has more th laim. For each claim listed, identify what type of claim it is. Do not list claims already in creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the	ncluded in Part 1. If more e Continuation Page of  Total claim
No. You have nothing to report in this part. Submit     Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2.  American Medical Response     Nonpriority Creditor's Name     P.O. Box 742464	this form to the court with your other schedules.  e alphabetical order of the creditor who holds each claim. If a creditor has more th laim. For each claim listed, identify what type of claim it is. Do not list claims already in creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the	ncluded in Part 1. If more e Continuation Page of  Total claim
<ul> <li>No. You have nothing to report in this part. Submit</li> <li>Yes.</li> <li>List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2.</li> <li>American Medical Response         <ul> <li>Nonpriority Creditor's Name</li> <li>P.O. Box 742464</li> <li>Los Angeles, CA 90074</li> </ul> </li> </ul>	this form to the court with your other schedules.  alphabetical order of the creditor who holds each claim. If a creditor has more th laim. For each claim listed, identify what type of claim it is. Do not list claims already ir creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the  Last 4 digits of account number  When was the debt incurred?	ncluded in Part 1. If more e Continuation Page of  Total claim
<ul> <li>No. You have nothing to report in this part. Submit</li> <li>Yes.</li> <li>List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2.</li> <li>American Medical Response         Nonpriority Creditor's Name         P.O. Box 742464     </li> </ul>	this form to the court with your other schedules.  e alphabetical order of the creditor who holds each claim. If a creditor has more th laim. For each claim listed, identify what type of claim it is. Do not list claims already in creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the	ncluded in Part 1. If more e Continuation Page of  Total claim
□ No. You have nothing to report in this part. Submit  □ Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2.  1 American Medical Response  Nonpriority Creditor's Name  P.O. Box 742464  Los Angeles, CA 90074  Number Street City State Zip Code	this form to the court with your other schedules.  e alphabetical order of the creditor who holds each claim. If a creditor has more the laim. For each claim listed, identify what type of claim it is. Do not list claims already in creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the  Last 4 digits of account number 7300  When was the debt incurred?  As of the date you file, the claim is: Check all that apply	ncluded in Part 1. If more e Continuation Page of  Total claim
□ No. You have nothing to report in this part. Submit  □ Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2.  1 American Medical Response  Nonpriority Creditor's Name  P.O. Box 742464  Los Angeles, CA 90074  Number Street City State Zip Code  Who incurred the debt? Check one.	this form to the court with your other schedules.  alphabetical order of the creditor who holds each claim. If a creditor has more the laim. For each claim listed, identify what type of claim it is. Do not list claims already in creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Contingent	ncluded in Part 1. If more e Continuation Page of  Total claim
No. You have nothing to report in this part. Submit      Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2.  American Medical Response     Nonpriority Creditor's Name     P.O. Box 742464     Los Angeles, CA 90074     Number Street City State Zip Code     Who incurred the debt? Check one.  □ Debtor 1 only  □ Debtor 2 only     □	this form to the court with your other schedules.  e alphabetical order of the creditor who holds each claim. If a creditor has more the laim. For each claim listed, identify what type of claim it is. Do not list claims already in creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the  Last 4 digits of account number	ncluded in Part 1. If more e Continuation Page of  Total claim
No. You have nothing to report in this part. Submit      Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2.  American Medical Response  Nonpriority Creditor's Name  P.O. Box 742464  Los Angeles, CA 90074  Number Street City State Zip Code  Who incurred the debt? Check one.  □ Debtor 1 only □ Debtor 2 only ■ Debtor 1 and Debtor 2 only	this form to the court with your other schedules.  e alphabetical order of the creditor who holds each claim. If a creditor has more the laim. For each claim listed, identify what type of claim it is. Do not list claims already in creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the  Last 4 digits of account number 7300  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed	ncluded in Part 1. If more e Continuation Page of  Total claim
□ No. You have nothing to report in this part. Submit  ■ Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2.  American Medical Response  Nonpriority Creditor's Name  P.O. Box 742464  Los Angeles, CA 90074  Number Street City State Zip Code  Who incurred the debt? Check one.  □ Debtor 1 only □ Debtor 2 only ■ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	this form to the court with your other schedules.  e alphabetical order of the creditor who holds each claim. If a creditor has more the laim. For each claim listed, identify what type of claim it is. Do not list claims already in creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Last 4 digits of account number 7300  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim:	ncluded in Part 1. If more e Continuation Page of  Total claim
No. You have nothing to report in this part. Submit      Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2.  American Medical Response  Nonpriority Creditor's Name  P.O. Box 742464  Los Angeles, CA 90074  Number Street City State Zip Code  Who incurred the debt? Check one.  □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another ■ Check if this claim is for a community	this form to the court with your other schedules.  e alphabetical order of the creditor who holds each claim. If a creditor has more the laim. For each claim listed, identify what type of claim it is. Do not list claims already in creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Last 4 digits of account number    When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Contingent   Unliquidated   Disputed   Type of NONPRIORITY unsecured claim:   Student loans	Total claim \$3,908.81
No. You have nothing to report in this part. Submit      Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2.  American Medical Response  Nonpriority Creditor's Name  P.O. Box 742464  Los Angeles, CA 90074  Number Street City State Zip Code  Who incurred the debt? Check one.  □ Debtor 1 only □ Debtor 2 only ■ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	this form to the court with your other schedules.  e alphabetical order of the creditor who holds each claim. If a creditor has more the laim. For each claim listed, identify what type of claim it is. Do not list claims already in creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Last 4 digits of account number 7300  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim:	Total claim \$3,908.81
No. You have nothing to report in this part. Submit      Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2.  American Medical Response  Nonpriority Creditor's Name  P.O. Box 742464  Los Angeles, CA 90074  Number Street City State Zip Code  Who incurred the debt? Check one.  □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another ■ Check if this claim is for a community debt	this form to the court with your other schedules.  e alphabetical order of the creditor who holds each claim. If a creditor has more the laim. For each claim listed, identify what type of claim it is. Do not list claims already in creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Last 4 digits of account number    When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Contingent   Unliquidated   Disputed   Type of NONPRIORITY unsecured claim:  Student loans   Obligations arising out of a separation agreement or divorce that you did not	Total claim \$3,908.81

Official Form 106 E/F Schedule E/F: Creditors Who Have Unsecured Claims Page 2 of 15 Debtor 1 John Daniel Thurrell Debtor 2 Maria Victoria Gonzales Case number (if known) 4.2 **CalPERS** Last 4 digits of account number \$230.25 Nonpriority Creditor's Name P.O. Box 700000 When was the debt incurred? Van Nuys, CA 91470 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed ☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim: ☐ Student loans ■ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical Changes ☐ Yes 4.3 \$507.00 **Capital One** 5421 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 30285 When was the debt incurred? Opened: 04/17 Salt Lake City, UT 84130 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed ☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim: ☐ Student loans ■ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.4 **CBA Collection Bureau** \$109.00 Last 4 digits of account number 7117 Nonpriority Creditor's Name P.O. Box 5013 When was the debt incurred? Opened: 07/15 Hayward, CA 94540 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed ☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim: ☐ Student loans Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Assignee for Immediate Care

Official Form 106 E/F Schedule E/F: Creditors Who Have Unsecured Claims

■ No

Debte Debte	or 1 John Daniel Thurrell or 2 Maria Victoria Gonzales		Case number (if known)		
4.5	Citibank North America	Last 4 digits of account number	1549	\$1,978.00	
	Nonpriority Creditor's Name 5800 South Corp Place Sioux Falls, SD 57108	When was the debt incurred?	Opened: 07/17		
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply		
	Debtor 1 only	☐ Contingent			
	■ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not		
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts		
	Yes	Other. Specify Credit Card	<u> </u>		
4.6	Credence Resource Management Nonpriority Creditor's Name	Last 4 digits of account number	5560	\$315.00	
	17000 Dallas Parkway, Suite 204 Dallas, TX 75248	When was the debt incurred?	Opened 08/19		
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply		
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	■ Check if this claim is for a community	Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not		
	No	☐ Debts to pension or profit-sharin	g plans, and other similar debts		
	☐ Yes	Other. Specify Assignee for	DI AT&T MODILLY		
4.7	Franchise Tax Board Nonpriority Creditor's Name	Last 4 digits of account number		\$1,200.00	
	Bankruptcy Section, MS A-340 P.O. Box 2952	When was the debt incurred?			
	Sacramento, CA 95812-2952				
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply		
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts		
	□ Yes	■ Other. Specify Personal In			
	<b>□</b> 163	Other. Specify	יייייייייייייייייייייייייייייייייייייי		

Official Form 106 E/F Schedule E/F: Creditors Who Have Unsecured Claims Page 4 of 15

	or 1 John Daniel Thurrell or 2 Maria Victoria Gonzales		Case number (if known)	
4.8	Franklin Collection Service, Inc.	Last 4 digits of account number	0961	\$46.00
	Nonpriority Creditor's Name P.O. Box 3910	When was the debt incurred?	Opened: 06/19	
	Tupelo, MS 38803  Number Street City State Zip Code	As of the date you file, the claim	is: Check all that annly	
	Who incurred the debt? Check one.	ne et me date yeu me, me etam	or oncor an that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	■ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharir	ng plans, and other similar debts	
	Yes	Other. Specify Assignee f	or DirecTV	
4.9	Granite Cred	Last 4 digits of account number	9178	\$872.00
	Nonpriority Creditor's Name P.O. Box 228	When was the debt incurred?	Opened: 4/05/40	
	P.O. BOX 226 Pacifica, CA 94044	when was the debt incurred?	Opened: 4/05/19	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	■ Check if this claim is for a community	☐ Student loans		
	debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	and the same of th	
	■ No	Debts to pension or profit-sharir	• • • • • • • • • • • • • • • • • • • •	
	Yes	Other. Specify Burlingame	e Orthopaedic	
4.1 0	Granite Cred	Last 4 digits of account number	6742	\$54.00
	Nonpriority Creditor's Name			
	P.O. Box 228 Pacifica, CA 94044	When was the debt incurred?	Opened: 1/06/17	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	■ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharir	ng plans, and other similar debts	

Official Form 106 E/F Schedule E/F: Creditors Who Have Unsecured Claims Page 5 of 15

■ Other. Specify Assignee for Aileen Shieu MD

	r 1 John Daniel Thurrell r 2 Maria Victoria Gonzales	Case number (if known)	
.1	Internal Revnue Service	Last 4 digits of account number	\$5,728.74
	Nonpriority Creditor's Name P.O. Box 7346 Philadelphia, PA 19101-7346	When was the debt incurred?	· · · · · · · · · · · · · · · · · · ·
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Contingent	
	■ Debtor 1 and Debtor 2 only	☐ Unliquidated ☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	■ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify 2015 (Form 1040)	
.1	Medical Revenue Service	Last 4 digits of account number 1965	\$1,721.27
	Nonpriority Creditor's Name P.O. Box 1940 Melbourne, FL 32902	When was the debt incurred?	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	□ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Professional Services	
.1	Mills-Peninsula Emerg. Med. Inc.	Last 4 digits of account number 0247	\$580.00
	Nonpriority Creditor's Name P.O. Box 661868	When was the debt incurred?	
	Arcadia, CA 91066-1868  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	■ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	— 110	and the control of th	

■ Other. Specify Professional Services

Official Form 106 E/F Schedule E/F: Creditors Who Have Unsecured Claims Page 6 of 15

Debte Debte	or 1 John Daniel Thurrell or 2 Maria Victoria Gonzales		Case number (if known)	
4.1	MODE Physical Thorany, Inc.	Land distribution of the con-		\$75.00
4	MORE Physical Therapy, Inc.  Nonpriority Creditor's Name	Last 4 digits of account number		\$75.00
	1633 Bayshore Highway, Suite 145 Burlingame, CA 94010	When was the debt incurred?		
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	Пол		
	Debtor 2 only	☐ Contingent		
	■ Debtor 1 and Debtor 2 only	☐ Unliquidated		
	☐ At least one of the debtors and another	☐ Disputed  Type of NONPRIORITY unsecure	d claim:	
	_	☐ Student loans	d Claim.	
	Check if this claim is for a community debt Is the claim subject to offset?		aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	■ Other. Specify Profession		
4.1	Navient	Last 4 digits of account number	1120	\$99,252.00
5	Nonpriority Creditor's Name	Last 4 digits of account number		<b>400,202.00</b>
	P.O. Box 9640	When was the debt incurred?	Opened: 11/18	
	Wilkes-Barre, PA 18773  Number Street City State Zip Code		in Charle all that apply	
	Who incurred the debt? Check one.	As of the date you file, the claim	s: Спеск ан that арру	
	Debtor 1 only	Пол		
	<u> </u>	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecure	d claim:	
	At least one of the debtors and another	_	u Ciaiii.	
	Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□Yes	Other. Specify		
		Educationa	ıl	
4.1 6	Patelco Credit Union	Last 4 digits of account number	5601	\$500.00
	Nonpriority Creditor's Name P.O. Box 2227	When was the debt incurred?	Opened: 02/19	
	Merced, CA 95344	when was the dept incurred:	Opened. 02/19	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa	aration agreement or divorce that you did not	

Official Form 106 E/F Schedule E/F: Creditors Who Have Unsecured Claims

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 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Overdraft Line Of Credit

■ No

Peninsula Foot & Ankle Center Corp.	Last 4 digits of account number	\$1,290.0
Nonpriority Creditor's Name 50 S. San Mateo Drive, Suite 150 San Mateo, CA 94401-3832	When was the debt incurred?	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	□ Unliquidated	
■ Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
■ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Professional Services	
Peninsula Pediatric Dentistry	Last 4 digits of account number 5788	\$317.4
Nonpriority Creditor's Name 50 S. San Mateo Drive, Suite 160	When was the debt incurred?	
San Mateo, CA 94401  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	П	
Debtor 2 only	Contingent	
■ Debtor 1 and Debtor 2 only	Unliquidated	
At least one of the debtors and another	☐ Disputed  Type of NONPRIORITY unsecured claim:	
_	Student loans	
Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Professional Services	
PFS Group	Last 4 digits of account number 6016	\$230.0
Nonpriority Creditor's Name 2600 North Loop W, Suite 150	When was the debt incurred?	
Houston, TX 77092  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	Пол	
Debtor 2 only	☐ Contingent	
■ Debtor 1 and Debtor 2 only	☐ Unliquidated	
☐ At least one of the debtors and another	☐ Disputed  Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	

Schedule E/F: Creditors Who Have Unsecured Claims

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■ Other. Specify Professional Services

Debte Debte	or 1 John Daniel Thurrell or 2 Maria Victoria Gonzales	Case number (if known)	
4.2 0	PFS Group	Last 4 digits of account number 8004	\$350.00
	Nonpriority Creditor's Name 2600 North Loop W, Suite 150 Houston, TX 77092	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	■ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Professional Services	
4.2	PFS Group	Last 4 digits of account number 5564	\$272.50
	Nonpriority Creditor's Name 2600 North Loop W, Suite 150 Houston, TX 77092	When was the debt incurred?	· · · · · · · · · · · · · · · · · · ·
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	Пол	
	Debtor 2 only	☐ Contingent	
	■ Debtor 1 and Debtor 2 only	☐ Unliquidated	
	☐ At least one of the debtors and another	☐ Disputed  Type of NONPRIORITY unsecured claim:	
	<u></u>	Student loans	
	Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Professional Services	
4.2	Stan W. Konrad, DDS	Last 4 digits of account number	\$279.40
2	Nonpriority Creditor's Name 30 28th Avenue	When was the debt incurred?	<b>42.00</b>
	San Mateo, CA 94403	As of the date were file the elements Observed all the trees.	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	_	
	Debtor 2 only	Contingent	
	■ Debtor 1 and Debtor 2 only	Unliquidated	
	<u> </u>	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:  ☐ Student loans	
	Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	

Official Form 106 E/F Schedule E/F: Creditors Who Have Unsecured Claims Page 9 of 15

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Professional Services

■ No

Stanford Children's Health	Last 4 digits of account number 7706	\$14,0
Nonpriority Creditor's Name	<del></del>	
P.O. Box 743447	When was the debt incurred?	
Los Angeles, CA 90074  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
☐ Debtor 1 only	Пол	
Debtor 2 only	☐ Contingent	
■ Debtor 1 and Debtor 2 only	☐ Unliquidated	
☐ At least one of the debtors and another	☐ Disputed  Type of NONPRIORITY unsecured claim:	
_	Student loans	
Check if this claim is for a community debt		
Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
□ Yes	■ Other Specify Professional Services	
Stanford Children's Health	Last 4 digits of account number 7706	\$2,0
Nonpriority Creditor's Name	When was the debt incurred?	
P.O. Box 743447 Los Angeles, CA 90074	when was the debt incurred?	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
☐ Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
■ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
_	□ Student loans	
Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other Specify Professional Services	
	,	
Stanford Children's Health	Last 4 digits of account number 1749	\$2,5
Nonpriority Creditor's Name P.O. Box 743447	When was the debt incurred?	
Los Angeles, CA 90074		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
■ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Professional Services

Schedule E/F: Creditors Who Have Unsecured Claims Official Form 106 E/F

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■ No

	r 1 John Daniel Thurrell r 2 Maria Victoria Gonzales	Case number (if known)	
	Stanford Children's Health	Last 4 digits of account number 7706	\$10,671.00
	Nonpriority Creditor's Name P.O. Box 743447 Los Angeles, CA 90074	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only ☐ Debtor 2 only	Contingent	
	Debtor 1 and Debtor 2 only	Unliquidated	
	☐ At least one of the debtors and another	☐ Disputed  Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	■ Other. Specify Professional Services	
:	Stanford Children's Health	Last 4 digits of account number 7706	\$11,726.00
	Nonpriority Creditor's Name P.O. Box 743447	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.  ☐ Debtor 1 only		
	☐ Debtor 2 only	☐ Contingent ☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	■ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Professional Services	
1	Stanford Children's Health	Last 4 digits of account number 2523	\$74,753.00
	Nonpriority Creditor's Name P.O. Box 743447	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.  ☐ Debtor 1 only		
	Debtor 2 only	Contingent	
	_	Unliquidated	
	■ Debtor 1 and Debtor 2 only  □ At least one of the debtors and another	Disputed	
	_	Type of NONPRIORITY unsecured claim:  Student loans	
	Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims  ☐ Debts to pension or profit-sharing plans, and other similar debts	
	No	Debts to pension or profit-straining plants, and other similar debts	

Official Form 106 E/F Schedule E/F: Creditors Who Have Unsecured Claims

■ Other. Specify Professional Services

Debto		Case number (if known)	
4.2	Stanford Children's Health	Last 4 digits of account number 1749	\$1,952.00
	Nonpriority Creditor's Name P.O. Box 743447	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	Continued.	
	Debtor 2 only	☐ Contingent	
	■ Debtor 1 and Debtor 2 only	☐ Unliquidated ☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	■ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	■ Other Specify Professional Services	
4.3	Sutter Health CPMC Van Ness Campus	Last 4 digits of account number 7438	\$113.50
	Nonpriority Creditor's Name P.O. Box 740693 Los Angeles. CA 90074	When was the debt incurred?	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	■ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical Charges	
4.3	Sutter Health Mills Health Center	Last 4 digits of account number 1965	\$1,186.23
	Nonpriority Creditor's Name P.O. Box 740699 Los Angeles, CA 90074	When was the debt incurred?	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Medical Charges	

Schedule E/F: Creditors Who Have Unsecured Claims

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	or 1 John Daniel Thurrell Maria Victoria Gonzales	Case number (if known)	
4.3	Thousand Trails	Last 4 digits of account number 4200	\$1,139.49
	Nonpriority Creditor's Name P.O. Box 640 Gautier, MS 39553	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	■ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.3	UCSF Health	Last 4 digits of account number 3645	\$1,875.00
	Nonpriority Creditor's Name Wells Fargo Dept 7-5631 P.O. Box 39000	When was the debt incurred?	
	San Francisco, CA 94139  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	■ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Professional Services	
4.3	UCSF Health	Last 4 digits of account number 3645	\$1,293.00
	Nonpriority Creditor's Name Wells Fargo Dept 7-5631 P.O. Box 39000	When was the debt incurred?	
	San Francisco, CA 94139  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	■ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	

Official Form 106 E/F Schedule E/F: Creditors Who Have Unsecured Claims

☐ Yes

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■ Other. Specify Professional Services

	or 1 John Daniel Thurrell or 2 Maria Victoria Gonzales	Case number (if known)				
4.3 5	USCB America	Last 4 digits of account number	2831	\$599.00		
	Nonpriority Creditor's Name 355 S. Grand Avenue, Suite 3200 Los Angeles, CA 90071-1591	When was the debt incurred?	Opened: 07/14			
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply			
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	■ Check if this claim is for a community	nim is for a community				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
	☐ Yes	Other. Specify				
	USCB America	Last 4 digits of account number	9857	\$118.00		
	Nonpriority Creditor's Name 355 S. Grand Avenue, Suite 3200 Los Angeles, CA 90071-1591	When was the debt incurred?	Opened: 01/16			
4.3 6 4.3 7	Number Street City State Zip Code	As of the date you file, the claim i				
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unsecured				
	Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims				
	No	Debts to pension or profit-sharing				
	Yes	Other. Specify				
4.3 7	USCB America Nonpriority Creditor's Name	Last 4 digits of account number	5890	\$112.00		
	355 S. Grand Avenue, Suite 3200 Los Angeles, CA 90071-1591	When was the debt incurred?	Opened: 03/15			
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i				
	Debtor 1 only	☐ Contingent				
	■ Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured				
	■ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims				
	■ No	Debts to pension or profit-sharing				
	Yes	Other. Specify				

Part 3: List Others to Be Notified About a Debt That You Already Listed

Schedule E/F: Creditors Who Have Unsecured Claims

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<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1 John Daniel Thurrell Debtor 2 Maria Victoria Gonzales		Case number (if known)		
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?			
Credence Resource Mngt LLC	Line 4.1 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims		
P.O. Box 2420 Southgate, MI 48195		■ Part 2: Creditors with Nonpriority Unsecured Claims		
<b>,</b>	Last 4 digits of account number			

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
Total	6a.	Domestic support obligations	6a.	\$ 0.00
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 2,323.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 2,323.00
				Total Claim
Total	6f.	Student loans	6f.	\$ 99,252.00
claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
		Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 144,694.59
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 243,946.59

Schedule E/F: Creditors Who Have Unsecured Claims Official Form 106 E/F

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Fill in this inform	mation to identify your	case:						
Debtor 1	John Daniel Thur	rell						
	First Name	Middle Name	Last Name					
Debtor 2 Maria Victoria Gonzales								
(Spouse if, filing)	First Name	Middle Name	Last Name					
United States Ba	nkruptcy Court for the:	NORTHERN DISTRICT	OF CALIFORNIA					
Case number (if known)					Check if this is an amended filing			

#### Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

ı	Person or	company with Name, Number	whom you have the r, Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	<u> </u>
2.3	Oity		Olato	211 0000	
	Name				
	Number	Street			
	City		State	ZIP Code	<del>_</del>
2.4	- ,				
	Name				_
	Number	Street			<del>_</del>
	City		State	ZIP Code	
2.5	City		Olato	211 0000	
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

Fill in this in	formation to identify your	case:			
Debtor 1	John Daniel Thu	·			
Debtor 2	First Name  Maria Victoria Go	Middle Name	Last Name		
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the:	NORTHERN DISTRICT OF	CALIFORNIA		
Case number					
(if known)					Check if this is an amended filing
	Form 106H				
<u>Schedu</u>	le H: Your Cod	ebtors			12/15
people are fili fill it out, and	ing together, both are equ number the entries in the	ally responsible for supplyi	ng correct information	on. If more space is n	ate as possible. If two married eeded, copy the Additional Page, o of any Additional Pages, write
1. Do you	u have any codebtors? (If	you are filing a joint case, do r	not list either spouse	as a codebtor.	
■ No □ Yes					
		u lived in a community prope , Nevada, New Mexico, Puerto			y states and territories include
■ Yes. D	o to line 3. oid your spouse, former spo No Yes.	use, or legal equivalent live wi	th you at the time?		
	In which community stat	e or territory did you live?	California	Fill in the name ar	nd current address of that person.
in line 2	again as a codebtor only i 6D), Schedule E/F (Officia	o Code tors. Do not include your sp if that person is a guarantor	or cosigner. Make s	ure you have listed th	g with you. List the person shown ne creditor on Schedule D (Official Schedule E/F, or Schedule G to fil
	lumn 1: Your codebtor ne, Number, Street, City, State and Z	IP Code		Column 2: The cre Check all schedule	editor to whom you owe the debt es that apply:
3.1				□ Schodulo D. lin	^
Nan	ne			_ ☐ Schedule D, line☐ Schedule E/F, I	
				☐ Schedule G, line	
Nun City	nber Street	State	ZIP Code	-	
3.2				☐ Schedule D, line	e
Nan	ne			Schedule E/F, I	ine
				☐ Schedule G, line	e
Nun City	nber Street	State	ZIP Code	-	

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Debtor 1	John Daniel Thurrell				
Debtor 2 (Spouse, if filing)	Maria Victoria Gonzales				
United States Bar	nkruptcy Court for the: NORTHERN DISTRICT OF CALIFORNIA				
Case number (If known)		Check if this is:  An amended filing  A supplement showing postpetition chapter 13 income as of the following date:			
Official Fo	orm 106l	MM / DD/ YYYY			
<b>Schedule</b>	: I: Your Income	12/15			
supplying correct spouse. If you are	and accurate as possible. If two married people are filing together (Debtor it information. If you are married and not filing jointly, and your spouse is lesseparated and your spouse is not filing with you, do not include informate sheet to this form. On the top of any additional pages, write your name and the sheet to this form.	iving with you, include information about your tion about your spouse. If more space is needed,			
Part 1: Des	scribe Employment				

Fill in your employment Debtor 1 Debtor 2 or non-filing spouse information. If you have more than one job, Employed Employed **Employment status** attach a separate page with ■ Not employed ■ Not employed information about additional employers. Occupation **Product Specialist Assoicate Rate Analyst** Include part-time, seasonal, or **Employer's name Pentax Medical Company** State of California self-employed work. **Employer's address** Occupation may include student 3 Paragon Drive **45 Fremont Street** or homemaker, if it applies. Montvale, NJ 07645 San Francisco, CA 94103 How long employed there? 2 Months 18 Years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 6.666.68 6,449.38 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. +\$ 0.00 0.00 3. Calculate gross Income. Add line 2 + line 3. 4 6,666.68 6,449.38

Debtor 1 John Daniel Thurrell
Debtor 2 Maria Victoria Gonzales

Case number (if known)

				For	Debtor 1		r Debtor 2 or n-filing spouse	
	Сору	line 4 here	4.	\$	6,666.68	\$	6,449.38	
_	1:-4-							-
5.		all payroll deductions:	_	•		•		
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	1,040.98	\$_ \$	800.44	-
	5b. 5c.	Mandatory contributions for retirement plans Voluntary contributions for retirement plans	5b. 5c.	\$ 	0.00	\$_	474.91	=
	5d.	Required repayments of retirement fund loans	5d.	\$ 	0.00	\$_	148.34	_
	5u. 5e.	Insurance	5u. 5e.	\$ 	0.00	\$ \$	0.00 1,166.12	
	56. 5f.	Domestic support obligations	5f.	\$ 	0.00	\$_	0.00	_
	5g.	Union dues	5g.	\$_	0.00	\$-	90.00	_
	5h.	Other deductions. Specify: Parking	5h.+			+ \$-	84.00	_
	011.	FE Administrative Charges		\$	0.00	· \$_	1.00	_
		CPU Purchase	_	\$_	0.00	\$-	84.88	_
		LACEA	_	\$_	0.00	\$-	6.00	_
_	A -1 -1 4			· —				-
6. 7.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. 7.	\$ \$	1,040.98	\$_ \$	2,855.69	_
		ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	Φ —	5,625.70	Φ_	3,593.69	-
8.	List a 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm						
		Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total						
		monthly net income.	8a.	\$	0.00	\$	0.00	
	8b.	Interest and dividends	8b.	\$	0.00	\$	0.00	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive		· —		*-	0.00	_
		Include alimony, spousal support, child support, maintenance, divorce						
		settlement, and property settlement.	8c.	\$	0.00	\$	0.00	
	8d.	Unemployment compensation	8d.	\$	0.00	\$	0.00	-
	8e.	Social Security	8e.	\$	0.00	\$	0.00	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.	\$	0.00	\$	0.00	
	8g.	Pension or retirement income	_ 8g.	\$_	0.00	\$-	0.00	_
	8h.	Other monthly income. Specify:	8h.+	· · · · · · · · · · · · · · · · · · ·		+ \$-	0.00	_
			_ ,			<u> </u>		-
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$_	0.00	0
10.		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		5,625.70 + \$_	3,	593.69 = \$	9,219.39
11.	Includ other	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives.  ot include any amounts already included in lines 2-10 or amounts that are not a lify:	depen		•			0.00
12.		the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certaines					12. \$	9,219.39
							Combir	ned y income
13.	Do ye	ou expect an increase or decrease within the year after you file this form? No.	?					, , , , , , , , , , , , , , , , , , , ,
		Yes. Explain:						

FIII	in this inforn	nation to identify yo	our case:							
Deb	otor 1	John Daniel	Thurrell			Ch	eck if	this is:		
		-					An	amended filing		
	otor 2 ouse, if filing)	Maria Victor	ia Gonzal	les					ving postpetition chapter the following date:	
Unit	ted States Bar	nkruptcy Court for the	: NORTH	IERN DISTRICT OF CALI	FORNIA		MM	I / DD / YYYY		
	se number nown)									
O	fficial F	orm 106J								
S	chedul	e J: Your	Exper	ises					12/1	5
Be info	as completer	e and accurate as	possible.	If two married people ar ch another sheet to this						
		cribe Your House	hold							_
1.	Is this a jo									
	□ No. Go		!n a aanar	ata hawaahald?						
		oes Debtor 2 live	m a separa	ate nousenoid?						
		No Yes. Debtor 2 mus	st file Offici	al Form 106J-2, <i>Expenses</i>	s for Separate Househ	old of De	ebtor 2	2.		
2.	Do you ha	ave dependents?	□ No							
	Do not list Debtor 2.	Debtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor 2			Dependent's age	Does dependent live with you?	
	Do not sta	te the							□ No	
	dependent	ts names.			Daughter			13	Yes	
									□ No	
					Son			16	■ Yes	
									□ No □ Yes	
									□ No	
									☐ Yes	
3.	expenses	xpenses include of people other t	han $_{oxdotsim}$	No Yes						
	yourself a	ind your depende	nts?	103						
Est exp	imate your	f a date after the l	our bankrı	y Expenses uptcy filing date unless y y is filed. If this is a supp						_
the		ich assistance an		government assistance i luded it on <i>Schedule I:</i> \				Your expe	enses	
4.	The renta	or home owners	ship expen	ses for your residence.	nclude first mortgage					
		and any rent for th		-	noisas mot mongago	4.	\$_		0.00	
	If not incl	uded in line 4:								
		l estate taxes				4a.			0.00	
		perty, homeowner's				4b.			0.00	
		ne maintenance, re neowner's associat				4c. 4d.	· : —		125.00 0.00	
5.				our residence, such as ho	me equity loans	5.	_		0.00	
			•							

Official Form 106J

John Daniel Thurrell Debtor 1 Debtor 2 Maria Victoria Gonzales Case number (if known) **Utilities:** Electricity, heat, natural gas 6a. \$ 6a. 212.76 6b. Water, sewer, garbage collection 6b. \$ 88.43 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 376.88 6d. Other. Specify: 6d. \$ 0.00 Food and housekeeping supplies 7. \$ 725.00 Childcare and children's education costs 8. \$ 100.00 Clothing, laundry, and dry cleaning 9. \$ 55.00 Personal care products and services 10. \$ 40.00 11. Medical and dental expenses 11. \$ 125.00 12. Transportation. Include gas, maintenance, bus or train fare. 365.00 12. \$ Do not include car payments. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 40.00 14. Charitable contributions and religious donations 14. \$ 0.00 Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a. \$ 0.00 15b. Health insurance 15b. \$ 0.00 15c. Vehicle insurance 15c. \$ 142.51 15d. Other insurance. Specify: 15d. \$ 0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. \$ 0.00 Installment or lease payments: 17a. Car payments for Vehicle 1 17a. \$ 578.66 17b. Car payments for Vehicle 2 17b. \$ 0.00 17c. Other. Specify: 17c. \$ 0.00 17d. Other. Specify: 17d. \$ 0.00 Your payments of alimony, maintenance, and support that you did not report as 0.00 deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. \$ Other payments you make to support others who do not live with you. 0.00 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 0.00 20a. \$ 20b. Real estate taxes 20b. \$ 0.00 20c. \$ 20c. Property, homeowner's, or renter's insurance 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20e. Homeowner's association or condominium dues 20e. \$ 0.00 21. Other: Specify: 21. +\$ 0.00 22. Calculate your monthly expenses 22a. Add lines 4 through 21. 2,974.24 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 \$ 22c. Add line 22a and 22b. The result is your monthly expenses. 2,974.24 Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$ 9,219.39 23b. Copy your monthly expenses from line 22c above. 23b. -\$ 2,974.24 Subtract your monthly expenses from your monthly income. 6,245.15 23c. The result is your monthly net income. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No. ☐ Yes. Explain here:

Fill in this inform	nation to identify your	case:					
Debtor 1	John Daniel Thui	rell					
	First Name	Middle Name	Las	Name			
Debtor 2	Maria Victoria Go						
(Spouse if, filing)	First Name	Middle Name	Las	Name			
United States Ba	nkruptcy Court for the:	NORTHERN DISTRICT (	OF CALIFO	RNIA			
Case number							
(if known)						☐ Check if this is an	
						amended filing	
Official Forn	n 106Dec						
		n Individual	Dobte	\r'e	Schodulos	4045	
Declarat	ion About a	iii iiiuiviuuai	Deni	<u>л</u>	Scriedules	12/15	_
If two married ne	onle are filing togethe	r, both are equally respon	sible for s	ınnlvir	ng correct information.		
•							
						ment, concealing property, or	
	B U.S.C. §§ 152, 1341,		upicy case	e can r	esuit in fines up to \$250,000	0, or imprisonment for up to 20	
,	<b>00</b> 1, 1,	,					
Sign	n Below						
Did ver no		ana wha ia NOT an attarn	ov to holo	6:1	Louis honderuntou formo?		
Did you pay	y or agree to pay some	one who is NOT an attorn	ley to neip	you iii	Tout pankruptcy forms?		
■ No							
— □ Yes. N	lame of person				Attach Pank	ruptcy Petition Preparer's Notice,	
☐ 1es. N	aine or person					and Signature (Official Form 119)	
						,	
Under penal	ty of porium I doctore	that I have road the summ	ary and s	shodul	es filed with this declaratio	n and	
	e true and correct.	that I have read the Summ	iai y aiiu s	Jileuui	es med with this deciaratio	ii anu	
X /s/ Joh	n Daniel Thurrell		х	/s/ Ma	aria Victoria Gonzales		
	aniel Thurrell		<del></del>	Maria	Victoria Gonzales		_
Signatur	e of Debtor 1			Signat	ture of Debtor 2		
Date N	November 11, 2019			Date	November 11, 2019		

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules** 

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Best Case Bankruptcy

Fill	in this inforr	nation to identify you	r case:			
Deb	otor 1	John Daniel Thu	rrell			
		First Name	Middle Name	Last Name		
	otor 2 use if, filing)	Maria Victoria G	onzales  Middle Name	Last Name		
		nkruptcy Court for the:	NORTHERN DISTRICT (	OF CALIFORNIA		
OIII	ied States Da	Tikrupicy Court for the.	NORTHERN DISTRICT	JI CALII ORIVIA		
	se number _					Check if this is an
`	,					mended filing
Ωf	ficial Fo	rm 107				
			Affairs for Individ	duals Filing for B	ankruptcy	4/19
					equally responsible for sup	
info	rmation. If m	ore space is needed,	attach a separate sheet to		additional pages, write you	
num	ber (if know	n). Answer every ques	stion.			
Par	t 1: Give D	Details About Your Ma	rital Status and Where You	Lived Before		
1.	What is you	r current marital statu	ıs?			
	<b>.</b>					
	<ul><li>■ Married</li><li>□ Not ma</li></ul>					
_						
2.	During the I	ast 3 years, have you	lived anywhere other than	where you live now?		
	No					
	☐ Yes. Lis	st all of the places you li	ived in the last 3 years. Do no	ot include where you live now	'.	
	Debtor 1 Pr	ior Address:	Dates Debtor 1	Debtor 2 Prior Ad	dress:	Dates Debtor 2
			lived there			lived there
3.					ity property state or territor	
state	es and territor	<i>le</i> s include Arizona, Ca	ilfornia, idano, Louisiana, Ne	vada, New Mexico, Puerto R	co, Texas, Washington and V	visconsin.)
	□ No					
	Yes. Ma	ake sure you fill out Sch	nedule H: Your Codebtors (O	fficial Form 106H).		
Par	t 2 Explai	in the Sources of You	r Income			
4.				ng a business during this yeall businesses, including part	ear or the two previous cale time activities.	ndar years?
				e together, list it only once ur		
	□ No					
	Yes. Fil	I in the details.				
			Debtor 1		Debtor 2	
			Sources of income	Gross income	Sources of income	Gross income
			Check all that apply.	(before deductions and	Check all that apply.	(before deductions
				exclusions)		and exclusions)
		of current year untiled for bankruptcy:	■ Wages, commissions,	\$69,449.22	■ Wages, commissions,	\$68,373.01
	you illo	a. J. Samauptoy.	bonuses, tips		bonuses, tips	
			☐ Operating a business		Operating a business	

Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107

page 1

				Debtor 1			Debtor 2		
				Sources of income Check all that apply.		s income e deductions and ions)	Sources of incor Check all that app		Gross income (before deductions and exclusions)
	st calen iry 1 to	•	ır: ber 31, 2018 )	■ Wages, commissions, bonuses, tips		\$200,696.00	☐ Wages, comm bonuses, tips	issions,	\$0.00
				☐ Operating a business			Operating a bu	usiness	
			r before that: ber 31, 2017)	■ Wages, commissions, bonuses, tips		\$204,445.00	☐ Wages, comm bonuses, tips	issions,	\$0.00
				☐ Operating a business			Operating a bu	usiness	
Inc an wir	clude inc d other p nnings. I et each s No	come re public b If you ar source a	gardless of wheth enefit payments; re filing a joint cas	e during this year or the two per that income is taxable. Ex pensions; rental income; inte se and you have income that ome from each source separa	camples of erest; divid you receiv	other income are a ends; money collec- ved together, list it o	ted from lawsuits; ro nly once under Deb	yalties; and tor 1.	
				Debtor 1			Debtor 2		
				Sources of income Describe below.	each	s income from source e deductions and ions)	Sources of incor Describe below.	ne	Gross income (before deductions and exclusions)
			urrent year until bankruptcy:	Unemployment Benefits (EDD)		\$4,500.00			
	st calen ary 1 to		ır: ber 31, 2018 )	Pension Distribution		\$52,359.00			
			r before that: ber 31, 2017)	Pension Distrinbutions		\$30,652.00			
Part 3:	List	Certaiı	n Payments You	Made Before You Filed for	Bankrup	tcv			
6. Ar		Neithe	er Debtor 1 nor D	's debts primarily consume bebtor 2 has primarily consi personal, family, or househo	umer deb		s are defined in 11 U	I.S.C. § 10 <sup>4</sup>	(8) as "incurred by an
		During	•	re you filed for bankruptcy, d	lid you pay	any creditor a total	of \$6,825* or more	?	
		□ Y	es List below e	each creditor to whom you pa editor. Do not include payme	nts for do	mestic support oblig			
		* Sub	not include ject to adjustmen	payments to an attorney for t t on 4/01/22 and every 3 year	this bankrors rs after tha	uptcy case. at for cases filed on	or after the date of a	adjustment.	
-	Yes.			r both have primarily const are you filed for bankruptcy, d			of \$600 or more?		
		■ N	o. Go to line 7						
		 □ <sub>Y</sub> ,	es List below e include pay	each creditor to whom you pa ments for domestic support o this bankruptcy case.					
C	reditor's	s Name	and Address	Dates of payme	ent	Total amount paid	Amount you still owe	Was this p	ayment for

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 2

Official Form 107

	otor 1 otor 2	John Daniel Thurrell Maria Victoria Gonzales		Cas	se number (if known)		
7.	Inside of wh	in 1 year before you filed for bankrupters include your relatives; any general paich you are an officer, director, person in iness you operate as a sole proprietor. 1 ny.	artners; relatives of any gent control, or owner of 20% (	neral partners; partners or more of their voting	erships of which you	ou are a general Iny managing ag	partner; corporations gent, including one for
	_	No					
		Yes. List all payments to an insider.					
	Insid	der's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for t	his payment
8.	insid	in 1 year before you filed for bankrupt er? de payments on debts guaranteed or cos		yments or transfer a	any property on a	account of a de	bt that benefited an
		No					
		Yes. List all payments to an insider					
	Insid	der's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for t Include credit	his payment tor's name
Pol	rt 4:	Identify Legal Actions, Repossession	ns and Faranlacuras				
	modif	Il such matters, including personal injury ications, and contract disputes.  No Yes. Fill in the details.	cases, small cialins action	is, divorces, collectio	n suits, paternity a	actions, support	or custody
		e title e number	Nature of the case	Court or agency		Status of the	case
10.	Chec	in 1 year before you filed for bankrupt k all that apply and fill in the details below No. Go to line 11.  Yes. Fill in the information below.		erty repossessed, f	oreclosed, garni	shed, attached,	, seized, or levied?
	Cred	ditor Name and Address	Describe the Property	Describe the Property			Value of the
			Explain what happene	d			property
11.	acco	n 90 days before you filed for bankrup unts or refuse to make a payment bec No Yes. Fill in the details.		cluding a bank or fir	nancial institutio	n, set off any ar	mounts from your
		litor Name and Address	Describe the action th	e creditor took		action was	Amount
12.		in 1 year before you filed for bankrupt -appointed receiver, a custodian, or a		erty in the possess	take		fit of creditors, a
	_	No Yes					
Pai		List Certain Gifts and Contributions					
					- f th #0	20	
13.	_	n 2 years before you filed for bankrup No	otcy, did you give any gift	ts with a total value	of more than \$60	Ju per person?	
	_	Yes. Fill in the details for each gift.					
	Gifts	s with a total value of more than \$600 person	Describe the gifts		Date the ç	s you gave gifts	Value
		on to Whom You Gave the Gift and ress:					

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Debto Debto			Case number	(if known)	
	l No		did you give any gifts or contributions with a tot	al value of more than	\$600 to any charity?
n	Yes. Fill in the details for each gift or Sifts or contributions to charities that nore than \$600 Charity's Name Address (Number, Street, City, State and ZIP Co	total	Describe what you contributed	Dates you contributed	Value
2	Goodwill Industries 8 W 25th Avenue 6an Mateo, CA 94403	ode)	Suits, furniture, clothes, stero, sporting equipment, children's toys, kitchen ware, and miscellaneous household goods and furnishings	Various dates	\$2,430.00
	ithin 1 year before you filed for bank	ruptcy or	since you filed for bankruptcy, did you lose any	thing because of the	ft, fire, other disaster
or	r gambling?  No Yes. Fill in the details.				
	Describe the property you lost and now the loss occurred	Include	ibe any insurance coverage for the loss et he amount that insurance has paid. List pending noce claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
CC	onsulted about seeking bankruptcy o clude any attorneys, bankruptcy petition  No	r prepari	id you or anyone else acting on your behalf pay ng a bankruptcy petition? rs, or credit counseling agencies for services require		nty to anyone you
E	Yes. Fill in the details. Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not	t You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
N 2 S	Meyer Law Group, LLP 268 Bush Street #3639 San Francisco, CA 94104 vww.meyerllp.com	. 100	\$1,100 for Professional Services; \$310 for Chapter 13 filing fee; \$100 for Pre-Filing Credit Counseling Course, Pre-Discharge Credit Counseling Course, and Credit Report.	October 14, 2019	\$1,510.00
pr		reditors o	id you or anyone else acting on your behalf pay or to make payments to your creditors? ted on line 16.	or transfer any prope	rty to anyone who
_	No				
	Yes. Fill in the details.  Person Who Was Paid  Address		Description and value of any property transferred	Date payment or transfer was made	Amount of payment

Official Form 107

18.	8. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.  No  Yes. Fill in the details.								
	Person Who Received Transfer Address	Description and v		Describe any property or payments received or del paid in exchange					
	Person's relationship to you								
19.	Within 10 years before you filed for bankrupt beneficiary? (These are often called asset-prod No □ Yes. Fill in the details.		ny property to a so	elf-settled trust or similar de	evice of which you are a				
	Name of trust	Description and v	Description and value of the property transferred						
Pai	t 8: List of Certain Financial Accounts, Ins	truments, Safe Deposi	t Boxes, and Stor	age Units					
20.	Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.								
	No  Yes. Fill in the details.	iations, and other imai	iiciai iiistitutioiis.						
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of accoun instrument	t or Date account was closed, sold, moved, or transferred	Last balance before closing or transfer				
21.	Do you now have, or did you have within 1 yearsh, or other valuables?	ear before you filed for	r bankruptcy, any	safe deposit box or other d	epository for securities,				
	■ No □ Yes. Fill in the details.								
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe the contents	Do you still have it?				
22.	Have you stored property in a storage unit of	r place other than your	home within 1 ye	ear before you filed for bank	cruptcy?				
	■ No □ Yes. Fill in the details.								
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or I to it? Address (Number, S State and ZIP Code)		Describe the contents	Do you still have it?				
Pai	t 9: Identify Property You Hold or Control f	or Someone Else							
23.	Do you hold or control any property that son for someone.	neone else owns? Incl	ude any property	you borrowed from, are sto	ring for, or hold in trust				
	■ No □ Yes. Fill in the details.								
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe the property	Value				
Pai	t 10: Give Details About Environmental Info	rmation							
For	the purpose of Part 10, the following definitio	ns apply:							

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Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Debtor 1 John Daniel Thurrell
Debtor 2 Maria Victoria Gonzales

Case number (if known)

regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and know it Address (Number, Street, City, State and ZIP Code) ZIP Code) 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Name of site Environmental law, if you Date of notice Governmental unit Address (Number, Street, City, State and Address (Number, Street, City, State and ZIP Code) know it ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Yes. Fill in the details. **Case Title** Court or agency Nature of the case Status of the **Case Number** Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ■ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number** Address Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No ☐ Yes. Fill in the details below. **Date Issued** Name Address (Number, Street, City, State and ZIP Code)

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Best Case Bankruptcy

Debtor 1 John Daniel Thurrell **Maria Victoria Gonzales** Debtor 2 Case number (if known) are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ John Daniel Thurrell /s/ Maria Victoria Gonzales John Daniel Thurrell **Maria Victoria Gonzales** Signature of Debtor 1 Signature of Debtor 2 Date November 11, 2019 Date November 11, 2019 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107

Best Case Bankruptcy 

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

#### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the Chapter 7 Means Test Calculation (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the Chapter 7 Means Test Calculation (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called exempt property. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on Schedule C: The Property You Claim as Exempt (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

#### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

#### Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans.

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF CALIFORNIA

In re	John Daniel Thurrell Maria Victoria Gonzales	Case No.			
	Debtor(s).	/			
	CREDITOR MATRIX COVER SHEET				
-		Mailing Matrix, consisting of <u>4</u> sheets, contains the correct, of all priority, secured and unsecured creditors listed in debtor's e Clerk's promulgated requirements.			
DATE	ED: November 11, 2019				
		/s/ Brent D. Meyer			
		Signature of Debtor's Attorney or Pro Per Debtor			

American Medical Response P.O. Box 742464 Los Angeles, CA 90074

BMW Financial Services P.O. Box 3608 Dublin, OH 43016

CalPERS
P.O. Box 700000
Van Nuys, CA 91470

Capital One P.O. Box 30285 Salt Lake City, UT 84130

Capital One Auto Finance P.O. Box 30285 Salt Lake City, UT 84130

CBA Collection Bureau P.O. Box 5013 Hayward, CA 94540

Citibank North America 5800 South Corp Place Sioux Falls, SD 57108

Credence Resource Management 17000 Dallas Parkway, Suite 204 Dallas, TX 75248

Credence Resource Mngt LLC P.O. Box 2420 Southgate, MI 48195

Franchise Tax Board Bankruptcy Section, MS A-340 P.O. Box 2952 Sacramento, CA 95812-2952

Franklin Collection Service, Inc. P.O. Box 3910 Tupelo, MS 38803

Granite Cred P.O. Box 228 Pacifica, CA 94044

Internal Revnue Service P.O. Box 7346 Philadelphia, PA 19101-7346

Medical Revenue Service P.O. Box 1940 Melbourne, FL 32902

Mills-Peninsula Emerg. Med. Inc. P.O. Box 661868 Arcadia, CA 91066-1868

MORE Physical Therapy, Inc. 1633 Bayshore Highway, Suite 145 Burlingame, CA 94010

Navient P.O. Box 9640 Wilkes-Barre, PA 18773

Patelco Credit Union P.O. Box 2227 Merced, CA 95344

Peninsula Foot & Ankle Center Corp. 50 S. San Mateo Drive, Suite 150 San Mateo, CA 94401-3832

Peninsula Pediatric Dentistry 50 S. San Mateo Drive, Suite 160 San Mateo, CA 94401

PFS Group 2600 North Loop W, Suite 150 Houston, TX 77092

Stan W. Konrad, DDS 30 28th Avenue San Mateo, CA 94403

Stanford Children's Health P.O. Box 743447 Los Angeles, CA 90074

Sutter Health CPMC Van Ness Campus P.O. Box 740693 Los Angeles, CA 90074

Sutter Health Mills Health Center P.O. Box 740699 Los Angeles, CA 90074

Thousand Trails P.O. Box 640 Gautier, MS 39553

UCSF Health Wells Fargo Dept 7-5631 P.O. Box 39000 San Francisco, CA 94139

USCB America 355 S. Grand Avenue, Suite 3200 Los Angeles, CA 90071-1591

Wells Fargo Home Mortgage MAC#2302-04e Pob 10335 Des Moines, IA 50306